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ABSTRACT

Many medical and professional schools are now including courses in human sexuality in their curricula. This paper describes a course in sex counseling principles which focuses on the content and process of sex counseling. The course is designed to impart information about human sexual function and dysfunction, and to provide some exposure to the basic methods of treating common sex problems. To accomplish these goals, students are asked to assimilate the information given, and to practice the prescribed home assignments as though they were individuals receiving sex counseling. The approach is based on the belief that positive changes in the counselor's personal comfort with sexuality will enable him or her to respond more objectively to the diverse patterns of sexual behavior encountered in practice. The effects on participants in two presentations of the course are discussed. (Author)

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SYMPOSIUM PAPER

Effects of Brief Training in Sex Counseling on the Attitudes and Behaviors of Health Professionals

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Many medical and professional schools are now including courses in human sexuality in their curricula. At a minimum, these courses seek to train health professionals to recognize when patients require help with sexual problems, to respond with valid information in a reassuring and supportive manner, and to refer for counseling those patients whose problems require specialized treatment. In order to accomplish these goals most courses present factual information on anatomy, physiology and behavior; teach basic counseling skills and use procedures designed specifically to help students increase their personal comfort with sexuality. It is assumed that these procedures will enable the health professional to respond calmly and non-judgmentally to the variations in sexual behaviors and attitudes that are commonly encountered in practice. Procedures commonly used include: presentation of explicit films, values clarification, and structured small group discussion of sexual themes.

This paper describes a sex counseling principles course in which no procedures with the primary purpose of restructuring sexual attitudes are used. Instead the course focuses on the content and process of sex counseling -- a counseling

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method that presents attitudinal frameworks and behavioral approaches to sexual interaction that differ markedly from those most common in the general population. Sex counseling has demonstrated its capability for defusing clients' anxieties and alleviating sexual conflicts. Therefore, it appears logical that a course in sex counseling principles that requires health professionals to experience personally the techniques from the clients' standpoint would have a comparable effect on them.

If this expectation were supported, a course patterned after a standard counseling regimen might not only raise the level of participants' professional expertise but might alleviate personal sexual conflicts and concerns. This approach presents factual information, skill training, and opportunities for attitud reassessment in an integrated format thus obviating the use of special procedures for dealing with attitudes and emotions.

No explicit effort to alleviate students' personal sexual conflicts is made in the brief course in Principles of Sex Counseling for Health Professionals, which is offered periodically by the Human Sexuality Program at the University of California Medical School in San Francisco. Instead the course is designed to impart information about human sexual function and dysfunction and to provide some exposure to the basic methods of treating common sex problems. To accomplish these goals, students are asked to assimilate the information given and to practice the prescribed

home assignments, as though they were individuals receiving sex counseling. Analyses of student evaluations indicate that this approach appears to produce marked changes in students' personal attitudes, emotion and behavior in the sexual area. It is generally believed that positive changes in the counselor's personal comfort with sexuality will enable him or her to respond more objectively to the diverse patterns of sexual behavior encountered in practice. The following sections describe the approach and its reported effects on participants in two presentations of the course.

METHOD

Students and health professionals from a variety of disciplines, including medicine, psychology, nursing, and social work, as well as spouses and "significant others" of many of them, participated in either of two training courses in Principles of Sex Counseling for Health Professionals conducted by the Human Sexuality Program at the University of California School of Medicine in San Francisco. Similar courses are scheduled for presentation every three to four months. The course begins Friday evening and continues through Sunday afternoon on two successive weekends for a total of 44 hours.

Participants attend lectures, large group discussions, and role-played demonstrations of procedures, such as taking sex histories or performing sexological

demonstrations (procedures involving mutual examination of the genitals by a couple). These didactic sequences are interspersed with opportunities to practice some of the procedures in small groups. During the lectures and small group sessions, participants are often asked to assume the role of clients in counseling. At the end of each day, participants are given home assignments of the type used in treating sexually dysfunctional couples. For example, one home assignment is for each participant to examine and focus attention upon his or her body and identify the areas that are most responsive to touch, as well as those most pleasing and those most displeasing in appearance. A subsequent assignment for couples requires that they refrain from coitus for a brief period of time so that they increase their appreciation of the non-coital aspects of sexual interaction and learn to touch their partners in ways that are enjoyable to the individual doing the touching. Participants are also asked to perform sexological demonstrations on their partners at home and opportunities for practicing this procedure are provided during small-group sessions. Other assignments focus on practicing self-disclosure and various communication exercises.

Participants are assigned to leaderless small groups which remain intact throughout the course. These courses also provide students with opportunities for practicing various counseling techniques such as history taking and for discussing the outcomes of their home assignments.

RESULTS

All participants completed a comprehensive questionnaire battery prior to the course, covering demographic variables, sexual attitudes, knowledge and practices. Participants from two courses were combined into one sample (N-103)

containing 60 females, 43 males, of which 54% were married, 20% single, and 16% divorced. The mean level of education was over four years of college; 50% of the sample held graduate level degrees. Religious preference tended to be Protestant, Catholic, or none, with the mean level of religiosity falling in the "not religious" category. Participants saw themselves as being more liberal in attitude than the "average" person, in matters of politics, civil rights, religion, and sexual activities. Sex was seen as a "very important" area of concern by the average participant. Sexual adjustment was rated as "better than average."

The participants' overall evaluation of the course indicated that the course was perceived as being "very useful." ($\bar{x}$ = 1.154, SD = .679 - 5 point scale). While none of the course components received less than a "moderately useful" rating, one component was seen as more important than the others. The sexological demonstration and subsequent experience was rated as being the most important single component of the course. This lecture-demonstration and experience allowed the individual to acquire increased familiarity and comfort with observing and touching genitals. It emphasized the relatedness of anatomy and touch sensitivity of the genitals to sexual arousal and to sexuality in general. The increased comfort with the genitals acquired through this experience was supplemented by other changes in participants' attitudes and communication skills. These changes appeared to generalize to several aspects of the participants' personal and professional life. Spontaneous comments made by the participants on their follow-up evaluation forms demonstrated the occurence of this generalization: "Have freer attitude toward masturbation - I learned to masturbate to orgasm since the course"; "Partner now considers me an equal in

sexual activity and is no longer assuming the responsibility for my sexual responses"; "Increased my confidence as a professional"; "Clients are more comfortable with me in discussing sexual matters."

Changes in personal and professional behaviors were assessed two months following the course using a questionnaire. Tables 1 and 2 present the

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Insert Table 1

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results of this evaluation. The areas of personal and professional activity are

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Insert Table 2

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presented separately, with some duplication of dimensions, for clarity. The results indicate that change was perceived to have occured, in varying amounts, along each of the dimensions. There was no significant difference between the personal and work-related areas in the mean amount of change (personal $\bar{x} = 2.980$ SD = .330, professional $\bar{x} = 2.874$ SD = .999 $t < 1$). The results support the thesis advanced above that changes in one's personal sexuality tend to be reflected in one's reported competence in professional management of sexual dysfunction.

There were no significant gender differences on either the pre- or post-measures in ease of talking with clients about sexual topics, confidence in counseling for various dysfunctions, or level of knowledge. Likewise there were no significant pre-post changes for either sex on the ease of talking with clients, or for confidence in counseling for males. The females achieved a

significant pre-post increase in counseling confidence (pre $\bar{x}$ = 2.351, SD = 1.233; post $\bar{x}$ = 3.005, SD = .812, t = 2.564, df = 42 $p < .05$). There were significant increases in knowledge by both sexes (Males: pre $\bar{x}$ = 2.664, SD = 1.211; post x = 3.240, SD = .412, t = 2.444, df = 42 p .05; Females: pre $\bar{x}$ = 2.579, SD = .928; post $\bar{x}$ = 3.348, SD = .375, t = 5.878 $p < .01$).

Although the changes reported in the professional sphere did not differ significantly from those in the personal sphere, mean professional change tended to be somewhat greater. It is likely that the information component of the course contributed substantially to this tendency. The finding of measurable change in personal functioning gains in importance when one considers that this group, which had self-selected for sex therapy training, would probably come closer to the asymptote for comfort with sexuality than would unselected professional groups. One would assume that the latter would have more room for change in both spheres.

The results discussed above demonstrate that imparting the principles of sex counseling to students and having them practice them in the training courses; increase their personal comfort with their own sexuality, while simultaneously supplying information on various sex counseling techniques. The success of the courses may thus be seen to rest as much on their ability to reduce personal anxieties and conflicts as on their information giving capability.

TABLE 1

Self Perceived Changes
in Personal Activities

Enjoyment of touching and sensuous experiences	$\bar{x}$ = 2.471	SD = .945
Being in touch with own body	2.549	1.026
Overall sex satisfaction	2 824	.865
Ability to work out conflicts with partner	2.804	1.000
Acceptance of life styles different from your own	3.220	1.569
Physical expression of sexual feelings	2.980	.990
Communication about issues other than sex with your partner	3.117	.864
Enjoyment of sexual fantasies	3.353	.868
Having accurate knowledge about sex	2.627	.999
Willingness to try new sexual techniques	2.667	1.033
Ability to make sexual advances toward partner	3.300	.863
Ability to receive sexual advances from partner	3.300	.863
Acceptance of one standard of behavior for both sexes	2.878	1.073
Taking responsibility for own sexual pleasure	2.365	1.067

1 = very much . . . increased/improved

2 = moderate

3 = some

4 = unchanged

TABLE 2

Self Perceived Changes in
Professional Activities

Communication about issues other than sex with clients	$\bar{x}$ = 3.510	SD = 1.416
Use of co-therapist approach in counseling	2.500	1.120
Acceptance of life styles different from your own	3.220	1.569
Being able to understand the feeling of clients	2.549	.986
Techniques available to deal with complaints of sexual dysfunction	1.717	.863
Amount of active involvement in managing cases of sexual dysfunction	3.392	1.097
Use of sexological exam	2.082	1.140
Having accurante knowledge about sex	2.627	.999
General self-confidence in work	2.392	.961
Ability to work with clients who have complaints of sexual dysfunction	2.118	.993
Acceptance of one standard of behavior for both sexes	2.878	1.073
Ability to discuss sexual material with clients	2.420	1.090

1 = very much increased/improved

2 = moderate

3 = some

4 = unchanged